

Certification of Participant Contribution Form

Name of Participant

Social Security Number

Date of Hire

Annual Salary

Less FICA

Less Medicare

Net Annual Salary Available for Funding

Contribution Amount Annual Amount

Per Pay Period

I certify that the amount which I will contribute to the Plan shall not exceed the IRS limit (which for 2003 is \$12,000 plus an additional \$2,000 for those persons who are age 50 and over).

Participant Name

Date

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